

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		2/2/99
O.I.P.E. CLASSIFIER	BW	32	25
FORMALITY REVIEW	KS	700	29

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ Non-elected
☐ Interference
☐ Appeal
☐ Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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